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From 10,000 to 25,000 population—Continued.

Northampton, Mass	22
Ossining, N. Y	23
Oswego, N. Y	59
Peekskill, N. Y	16
Plainfield, N. J	45
Plymouth, Pa	5
Pontiac, Mich	9
Salem, Oreg	7
Saratoga Springs, N. Y	9

From 10,000 to 25,000 population—Continued.

Southbridge, Mass	5
Wausau, Wis	8
Webster, Mass	5
Westfield, Mass	14
West New York, N. J	47
West Orange, N. J	40
White Plains, N. Y	45
Winona, Minn	38
Woburn, Mass	6

Cases of poliomyelitis reported by States, 1916.

State.	Jan. 1 to Apr. 30.	May.	June.	July.	August.	September.	October.	November.	December.	Total cases.	Case rate per 1,000 population.
Alabama	4	3	8	77	65	13	8	4	4	186	0.080
Arizona	1	......	......	1	1	1	2	......	......	6	.023
California	14	2	4	12	19	14	21	25	21	132	.045
Colorado	1	......	1	2	2	4	6	......	......	16	.017
Connecticut	8	1	4	165	367	274	91	30	11	951	.764
District of Columbia	1	1	......	8	18	6	5	......	......	39	.107
Indiana	......	1	1	25	38	64	57	16	5	207	.073
Iowa	8	......	4	32	86	66	32	25	6	259	.117
Kansas	5	......	2	12	23	21	26	8	6	103	.056
Louisiana	18	3	6	25	9	5	3	5	3	77	.042
Maine	......	......	......	......	15	56	42	30	6	149	.193
Maryland	5	......	......	10	65	103	121	43	5	352	.258
Massachusetts	16	4	10	106	252	622	701	179	36	1,926	.518
Michigan	16	4	7	62	183	195	101	29	19	616	.202
Minnesota	6	9	19	232	337	193	90	19	4	[1] 909	.399
Mississippi	36	36	57	59	31	14	10	8	18	269	.138
Montana	......	......	1	11	28	33	13	6	2	94	.205
New Jersey	7	2	4	647	2,126	964	258	41	6	4,055	1.376
New York	30	16	345	4,054	5,773	2,201	643	122	39	13,223	1.287
Ohio	31	2	7	100	172	147	62	18	7	546	.106
Oregon	2	......	......	......	......	5	26	4	1	38	.045
Pennsylvania	10	3	9	120	747	804	379	83	26	2,181	.256
South Carolina	1	1	......	20	58	24	13	6	......	123	.076
Texas	......	......	6	22	25	19	6	1	7	86	.019
Vermont	5	......	1	......	11	20	22	2	3	64	.176
Virginia	51	28	11	24	44	64	48	46	14	330	.151
Washington	1	......	1	5	2	12	5	2	2	30	.020
West Virginia	7	......	......	5	13	18	18	4	17	[1] 82	.059
Wisconsin	3	......	......	20	174	163	87	19	9	475	.190
Wyoming	......	......	......	......	2	3	......	1	1		.039

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[1] The health officer states that cases are known not to be completely reported.

CHEMICAL CLOSETS.

Health officers in small towns and rural communities are frequently confronted with the question as to whether the so-called "chemical closets" which have appeared on the market during the past few years can be considered to be satisfactory from a sanitary point of view. A brief statement at this time of their advantages and limitations is therefore desirable.

A chemical closet is one whose primary object is the chemical disinfection of excreta. This is accompanied by more or less liquefaction according to the nature of the chemical used. The result is accomplished by the introduction into the receiving can, tank, or other device, of an aqueous solution or emulsion of a chemical substance or mixture supposed to possess germicidal and, in certain cases, deodorizing and liquefying properties. There are at least two general types of chemical closet. One of these depends upon the action of an alkaline emulsion of a coal tar or other oily disinfectant, the principal object being disinfection and deodorization, and the other, upon a strongly caustic solution with or without other disinfectants with the additional object of rendering the tank contents semiliquid. These closets generally possess, in common with other types of privy, special devices for ventilation. In distinction from other privies, their installation within the house and even in the bedroom or other dwelling room, is being recommended by the manufacturers. Among the special advantages claimed are all the conveniences of the inside water-closet, simplicity of operation and ease and safety of disposing of the liquid material with entire freedom from any objectionable or obnoxious features.

A sanitary privy may be defined as a device in which human excreta may be deposited and, pending final disposal, stored in such a way that there shall be no channel of communication between the excreta and the bodies of human beings. This implies a water-tight receptacle protected against invasion by flies or domesticated animals and capable of cleanly and efficient operation, and so operated. As a necessary and indispensable adjunct to a sanitary privy, there must also be provision for the final disposal of the excreta in such a way that it shall be incapable of transmitting disease through the channels of personal contact, food, or water supply. It is also highly desirable that a sanitary privy shall be as free from odors and other objectionable features as possible and shall provide personal privacy, comfort, and convenience.

Without undertaking any description of specific makes of chemical closets, it seems highly desirable to inquire into the general merits of this system and to see to what extent they comply with the essentials of a sanitary system as outlined. The various devices are primarily water-tight receptacles so constructed that access of flies and animals is reasonably prevented, although the mechanical details of certain constructions are not such as to guarantee this result. Instances have been observed in practice where the sliding parts which form the connection to the lower receptacle, through perhaps unnecessarily rough usage have been so bent out of shape as to destroy the original function of the tightly fitting sleeve. This, however, is a matter of special design and of proper use and upkeep and need not be charged against the principles of the system.

In the secondary matters of privacy, convenience, and freedom from odors, these devices with their special provision for deodorization and for ventilation, are especially commendable. They are also capable of cleanly operation and if so operated, they comply with the definition of a sanitary privy subject to the further requirements of a means of final disposal of the contents in a way that shall be incapable of transmitting disease. To this end chemical closets place primary reliance upon disinfection. If this be at all times satisfactory and if, in addition, the actual physical disposal of the disinfected material be made with due regard to common decency and cleanliness, the system complies satisfactorily with the requirements of a sanitary system. The essential condition, therefore, is the efficiency and sufficiency of the disinfection itself. In this connection there are certain distinct drawbacks to the system, not as it is laid down in the descriptive pamphlets, but as it would be operated under practical conditions.

Such protective factors as physical removal to a distant point are capable of ready appreciation upon the part of any person concerned, and, once appreciated, encounter no special difficulties in the way of their complete and satisfactory performance. Where the chief reliance is placed upon the action of a chemical, always a mysterious substance in the mind of the layman, there is much more likelihood of neglect through ignorance, carelessness, failure to order or receive a proper supply, or mistaken ideas of economy. The sufficiency of the system of disinfection recommended, when carried out in accordance with instructions, has been satisfactorily demonstrated in some cases with reference to certain organisms of disease. There is, however, a dearth of reliable information upon this point and in particular it must be noted that the destruction of hookworm eggs, a consideration of great importance throughout a large section of the country in which installations of this type of closet are most likely to be made, does not seem to have been satisfactorily investigated.

There is also the possibility of misuse of the principles of the chemical closet upon the part of unscrupulous manufacturers, resulting in the employment of chemical substances quite worthless for the purpose, and in the placing of such reliance upon imperfect disinfection as to result in serious consequences. It would seem to be incumbent, therefore, upon the manufacturers of such devices to make such thoroughgoing tests of the efficiency of the chemical substance to be employed, not only against the more common pathogenic bacteria, but also against the much more resistant hookworm eggs, as shall be satisfactory to State and local health authorities; and to furnish suitable guarantees of the constancy and permanence of such chemicals. In particular these tests must be made under practical working conditions, as the value of the phenol coefficient employed in the standardization of commercial disinfectants may be of minor significance in this connection.

Some criticism has been made of the suggestion of installing chemical closets in the living rooms of the home, but this is believed to be more a matter of esthetics than of health and, with proper safeguards as to ventilation, no reasonable objection can be raised against the practice upon sanitary grounds. Neither is it necessary to take into consideration questions of costs of installation and of operation, as these are matters which will be weighed in each individual case against convenience and comfort. It is obvious that the cheaper the installation which will comply with all public health and esthetic requirements the more general will be its adoption.

In brief then, everything depends upon the sufficiency of the disinfection and the means of final disposal. No system should be installed or recommended for installation in the absence of definite and satisfactory evidence that the treatment proposed will in fact destroy pathogenic bacteria and, in those sections of the country where hookworm disease is prevalent, the eggs and larvæ of hookworms. While the design and satisfactory operation of such a device is quite possible, its general adoption ought not to be recommended without giving the fullest consideration to the possibilities of mismanagment and it is believed that whatever means are adopted for final disposal, these should be so safeguarded that the almost inevitable failure at times of the chemical toilet may not result in serious danger to the health of those affected.

STATE AND INSULAR HEALTH AUTHORITIES.

Directories of the State and insular health authorities of the United States for the years 1912, 1913, 1914, 1915, and 1916 have been published in the Public Health Reports [1] for the information of health officers and others interested in public-health activities.

The following directory for 1917 has been compiled from data furnished by the respective State and insular health officers.

Full-time officers are indicated by an asterisk (*). For the purpose of this directory, a full-time officer is defined as a person "not engaged in the private practice of medicine or in any other business, but devoting all his time to official duties."

ALABAMA.

Board of censors of the State medical association acting as a committee of public health:
- S. W. Welch, M. D., chairman, Montgomery.
- W. H. Sanders, M. D., Montgomery.
- Glenn Andrews, M. D., Montgomery.
- V. P. Gaines, M. D., Mobile.
- S. G. Gay, M. D., Selma.
- L. W. Johnston, M. D., Tuskegee.
- C. A. Mohr, M. D., Mobile.
- D. F. Talley, M. D., Birmingham.

ALABAMA—Continued.

Board of censors State medical association—Con.
- I. L. Watkins, M. D., Montgomery.
- B. L. Wyman, M. D., Birmingham.

Executive health officer:
- *S. W. Welch, M. D., State health officer, Montgomery.

Registrar of vital statistics:
- *H. G. Perry, M. D., Montgomery.

State laboratory:
- *B. L. Arms, M. D., director, Montgomery.

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[1] Reprints Nos. 83, 123, 190, 268, and 344 from the Public Health Reports.